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| SERIAL NUMBER<br>10/045,628 | FILING DATE<br>10/19/2001<br><br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>1001.1506101 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* 7 None (U)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/18/2002

|   |  |                               |                       |                            |
|---|--|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA                  | SHEETS<br>DRAWING<br>7        | TOTAL<br>CLAIMS<br>52 | INDEPENDENT<br>CLAIMS<br>7 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>[Signature]</i> | INITIALS<br><i>[Initials]</i> |                       |                            |
| Verified and<br>Acknowledged  |  |                               |                       |                            |

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TITLE  
 Vascular embolic filter exchange devices and methods of use thereof

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1782 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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